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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Jason P. Salce

Firm: U.S. Patent and Trademark Office
Art Unit 2623

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: September 19, 2006

Re: FLH Ref No.: 450100-4916
Serial No: 09/334,424

Number of Pages: 32
(including cover page)

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450100-4916**RECEIVED**
CENTRAL FAX CENTER**SEP 19 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Yasutomo Nishina, et al.
 Serial No. : 09/334,424
 Filed : June 16, 1999
 For : INFORMATION TRANSMITTING APPARATUS AND METHOD,
 INFORMATION RECEIVING APPARATUS AND METHOD,
 PROVIDER, AND BROADCASTING SYSTEM
 Examiner : Jason P. Salce
 Art Unit : 2623
 Confirmation No. : 5326

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	25	Minus	** =28	* 0 x	\$50 (25)	= \$ 0
Independent claims	17	Minus	*** =17	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on September 19, 2006.

Barnet Shindlman

(Name of person signing transmittal)


 Signature

September 19, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: 

Thomas F. Prosson
 Reg. No. 41,442
 Tel: 212-588-0800

U.S. Application No. 09/334,424
Reply to Final Office Action dated July 26, 2006

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PATENT
450100-4916

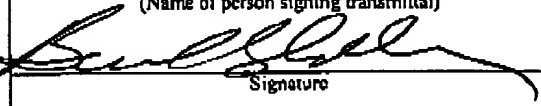
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Barner Shindlman (Name of person signing transmittal)
 Signature
September 19, 2006 Date of Signature

RESPONSE UNDER 37 C.F.R. §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated July 26, 2006, having a three-month statutory period for response set to expire on October 26, 2006, please consider the following remarks.

U.S. Application No. 09/334,424
Reply to Final Office Action dated July 26, 2006

PATENT
450100-4916

Listing of the Claims begin on page 3 of this paper.

Remarks/Arguments begin on page 24 of this paper.